

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-875)							SERIAL NO 08/999663	FILING DATE 11/22/04
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1			3	101	
2				1		3	102	
3			1		1		103	
4				1		3	104	
5				1	1		105	
6				1		1	106	
7				1	1		107	
8				1			108	
9				1	1		109	
10				1			110	
11				1	1		111	
12				1			112	
13				1			113	
14			1				114	
15			1				115	
16			1				116	
17			1				117	
18			1				118	
19			1				119	
20			1				120	
21			1				121	
22			1				122	
23			1				123	
24			1				124	
25			1				125	
26			1				126	
27			1				127	
28			1				128	
29			1				129	
30			1				130	
31			1				131	
32			1				132	
33			1				133	
34			1					
35			1					
36			1					
37			1					
38			1					
39			1					
40			1					
41			1					
42			1					
43			1					
44			1					
45			1					
46			1					
47			1					
48			1					
49			1					
50			1					
TOTAL IND.			75					
TOTAL DEP.			39					
TOTAL CLAIMS			114					
51				1				
52				1				
53				1				
54					1			
55					1			
56				1				
57				1				
58				1				
59				1				
60				1				
61				1				
62				1				
63				1				
64				1				
65				1				
66				1				
67				1				
68				1				
69				1				
70				1				
71					3			
72					3			
73				1				
74					3			
75				1				
76					1			
77				1				
78				1				
79				1				
80				1				
81				1				
82				1				
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87				1				
88				1				
89				1				
90				1				
91				1				
92				1				
93				1				
94				1				
95				1				
96				1				
97				1				
98				1				
99				1				
100				1				
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								